

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 31978-198060

First Inventor Brett SHOELSON

Title SYSTEM AND METHOD FOR THE ANALYSIS OF ATOMIC FORCE MICROSCOPY DATA

Express Mail Label No.

19270 U.S. PTO
191686738**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets]
5. Oath or Declaration [Total Pages]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76
- 6a. ☐ Priority is claimed under the provisions of 35 U.S.C. § 119
Appln No. _____ filed in _____ on _____
Appln No. _____ filed in _____ on _____

ADDRESS TO:Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,
or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: _____ / _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

20. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label***26694***

26694

PATENT TRADEMARK OFFICE

or ☐ Correspondence address below

Name	VENABLE				
Address	P.O. Box 34385				
City	Washington	State	D.C.	Zip Code	20043-9998
Country	U.S.A.	Telephone	202-344-4800	Fax	202-344-8300

Name (Print/Type)	Jeffri A. Kaminski	Registration No. (Attorney/Agent)	42,709
Signature			Date 10/17/03

The PTO did not receive the following
listed item(s) Assignment
cover sheet

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FEE TRANSMITTAL

for FY 2003


Patent fees are subject to annual revision.

Complete if Known

Application Number	TBA
Filing Date	October 17, 2003
First Named Inventor	Brett SHOELSON et al.
Examiner Name	TBA
Group / Art Unit	TBA
Attorney Docket No.	31978-198060

TOTAL AMOUNT OF PAYMENT	(\$)	900
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METHOD OF PAYMENT (check one)					FEE CALCULATION																																																																																																																																																																																																																																																																																																																																									
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Deposit Account Number: 22-0261 </div> <div style="width: 40%;"> Deposit Account Name: </div> </div> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					3. 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Jeffri A. Kaminski	Registration No. Attorney/Agent)	42,709	Telephone	202-344-4800
Signature				Date	10/17/03

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